File with:

lowa Ethics and Campaign Disclosure Board 510 E. 121, Ste. 1A

Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees 2011 JAN 19 AN 10: 49 for state office must be filed by all committees for state office must be filed by all committees for state office must be filed statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) Citizens to Re-Elect Wayne Ford FORM IMPORTANT: Indicate by # type of committee you are reporting for: DR-2 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political (Rev. 12/2009) REPORT Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( For Office Use Only Comm. # CANDIDATE COMMITTEES ONLY: Candidate Name Logged In Political Party (if applicable) Wayne Ford Democrat Computer Office Sought State Representative District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 15.274-4413 SIGNATURE OF PERSON FILING REPORT DATE SIGNED July 19, 2010 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # 1 ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) 66.32 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ...... 500.00 Schedule F: Loans Received total (Attach Schedule F)..... 100.00 Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 666.32 SUB-TOTAL .....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 0.00 Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ 666.32 \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 312.04 \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 2,400.00 CONSULTANT BREAKDOWN (Schedule G Attached?) YES V NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) 0.00 STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

### For Instructions, See Back of Form

## Reset Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Citizens to Re-Elect Wayne Ford	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
12/20/10	ID# <sub>8304</sub> CK# <sub>01664</sub>	Merck 770 Sumneytown Pike West Point, PA 19486		\$500.00	
	ID# CK#				
	ID#				
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	CK#		,		
			SUB-TOTAL	\$ 500/00	
		TOTAL (if last p	age of this schedule)	\$ 500.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the Disclosure law requires candidate committees to disclose the relationship or any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Bruce Wilson

p.3

SEE BACK OF FORM
S

COMMITTEE NAME (Must be same as on Statement of Organization)	D (Rev. 08/98)	INCURRED NDEBTEDNESS
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.  Reset Form		K THIS BOX NDING

## DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the

DATE		regard	the reporting period., less of whether an involce en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
12/31/10	JTM Multimedia P.O. Box 1744 Des Moines, IA50305	Web Site Hosting & Maintenance	312.04
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE AT 1	THE END OF THIS REPORTING PERIOD	312.04 312.04
'If actual figure is u	nknown, show "estimated" beside the figure.	Page _	I of I (for Schedule D)

CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

A 2 4 4 7 7 7 7 7 1 4 1 1 1 1 1 1 1 1 1 1 1					
	AE(Must be same as on Statement of Organization)			F	LOANS
nzens to Re-L	Elect Wayne Ford			(Rev. 02/08)	& RECEIVE
TE: This sched	ule reports money loaned to the committee which is deposited  OANS FROM <u>LAST</u> REPORTING PERIOD \$ 2,600.00	d in the committee a	account.	CHECK T	THIS BOX IG FORM
RT I - MONETA (Original	ARY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party	is involved. Includ	le loans from can	didate's personal fi	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REL CANDID	ATIONSHIP TO OATE (If Applicabl	AMOUNT O	FLÖAN
7/19/10	Wayne Ford 3301 Cottage Grove Des Moines, IA 50311	Sa	ame	<sup>\$</sup> 100.0	00
				100.00	
(208//3/10	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERI Orgiven must be reported on Schedule E In-kind Contribution	TOTAL (F	ART ()	\$ 100.00	
DATE PAID	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERI orgiven must be reported on Schedule E — In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	OD as.)	TIONSHIP TO	AMOUNT RE	EPAID .
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DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CAS	RELA CANDIDA  CANDIDA  H REPAYMENTS	TIONSHIP TO TE* (If Applicable TPART II)	s 00.00 s -0-	EPAID
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CAS  From Schedule E — TOTAL OUTSTANDING LOANS	RELA CANDIDA  TH REPAYMENTS OTAL LOANS FORGE	TIONSHIP TO TE* (If Applicable TPART II)	\$ \$ 00.00	EPAID
DATE PAID MM/DD/YR)  closure law requiring a contribution	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CAS	RELA CANDIDA  CH REPAYMENTS (  DTAL LOANS FORG  END OF REPORT  relative degree of	TIONSHIP TO TE* (If Applicable TPART II)	s 00.00 s -0-	EPAID